DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #13 15298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEAVEL DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Charles Maryland delay 00 Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (1) outside corporate limits, write RURAL and give negrest town) pup 2, and P.M3. write RURAL and give nearest town) Cobb Island Tomokinsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | NO [ 8. Give Pages State Water at Cobb Island. Tompkinsville, Md This certificate should be executed within 24 haurs after death. NAME OF Middle Lost 4. DATE Month Year Dov DECEASED November (Type or pnnt) DEATH 14 67 LOUIS CALVIN Office alang with S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Doys Hours death. WIDOWED DIVORCED and 2 Male Colored in Item 1 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** OUNTRY? haurs after WEST INGTON ward "pending" in pencil in the Chief Medical Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sylvester Briscoe Mary C. Dent File 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) within unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH event Drowning IMMEDIATE CAUSE (o) writing the ward DUE TO any Conditions, if any, which gove rise to immediate couse (a). farwarded to Ξ DUE TO 0 stoting the underlying couse last gp 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayal, CERTIFICATION PERFORMED? certificate, YES T NO 2Do. EXTERNAL CAUSE WAS PRIMARY X OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) JD 4 should EDITAL EXAMINER: CAUSE OF DEATH Subject supposedly drowned accidentally crematian, MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While While may be retained for your FUNERAL DIRECTOR: Page of work of work Page 2 lease execute Water Cobb Island Charles Md 21. I certify that I took charge of the remains described above, held an Autapsy x Inspection | Inquiry and in my opinion the funeral directar. death a sulted fram: Natural causes A Accident X Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 10 22. DATE SIGNED 5 m., TO FUNERA. Health prior P ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** November 15, 1967 NAME (Type) Address (Street, city, town, or county) Edward F. Wilson, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Newburg. Charles, Md. Nev. 17, 1967 Shileh Methedist Burial 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Berry Funeral Home, Powerkey, Md. Ochemilas 1967

REAL PROPERTY AND THE P ı THE STATE OF STREET STATE OF STREET and the second s All with which is a man a few and a second Att. Carried and suriol sov.17.1767 Mileh attachet delen, Charles, se. Darry Tuner & Sant, terming, id.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15294 15299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) d. STAJE Maryland Charles b. COUNTY Page 3 to delay is MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup P.M.3. LaPlata Newburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC dim ON A FARM? 62 Physicians Memorial Hospital Newburg, Maryland YES NO Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF 4. DATE Month Year DECEASED ward "pending" in pencil in Item 18. Give P the Chief Medical Examiner's Office along wij Type or print JOSEPH BROOKS DEATH November 19 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Dovs Haurs Ma1e Negro WIDOWED DIVORCED 70 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 13. FATHER'S NAME INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gave rise to immediate couse (o), .5 DUE TO stoting the underlying couse 0 lost. removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? certificate, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City\_or town) (County) (Stote Hour o.m foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE Health priar 11/3/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, M.D. NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) 0 REMOVAL (Specify) 2Sp. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME (B) 196 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH To No death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY after MARYLAND City OR TOWN (if outside corporete limits, write RURAL and give nearest town). C. LENGTH OF STAY IN 1b c. CITY DR JOWN (if outside corporate limits, write RURAL and give nearest town) hours filled prefs in 72 l d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS 24 ND F YES within etely NAME DE First Middle Lest DATE Month Day Year 00 3 DECEASED and complei remove carb any event, (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF 7. MARRIED 8. BIRTH 9. AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED ,= 1Da. USUAL OCCUPATION (Give kind of work done physician en please r 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be ease and ir during most of working life, even if retired) COUNTRY?certificate FATHER'S NAME MOTHER'S MAIDEN NAME attending physical response or removal. 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address the burial-transit permit.

or to burial, cremation, or to death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that till Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO has bec e as the cause (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY DIRECTOR: After this certificate Inge 3 should be detached for use led with the State Dept. of Health PERFORMED? YES NO E 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed STAFF ATTENDING MED. M.D. DIRECTOR FUNERAL PHYSICIAN'S 22c. 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION. 23b. DATE THEREDS NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23c. 23d. (State) REMDVAL (Specify) 2 **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA (Where deceased lived, if institution: Before admission) PLACE OF DEATH o. COUNTY o. STATE delay is and 3 to Poge CLLY OR LOWN (If outside coredrote limits, write BURAL and give nearest town) NAME OF HOSPITAL OR MYSTUTION (If not in hospital, give street oddryss) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO This certificate should be executed within 24 hours ofter death. NAME OF Middle DECEASED OF DEATH (Type or print 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED bear day) Months Hours haurs ofter death WIDOWED 111b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign of 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done USA during most of working life, even if retired)
aborer-Ret - USNOS Maryland word "pending" in pencil in the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fie James H. Butler Julia Jackson any event within 72 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 44264 Alice B. Butler, Newburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a). 0 Ξ stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL WAS AUTOPSY PERFORMED? CONDITION GIVEN IN PART 1(o) removal, 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING BE HOW INJURY OCCUPAND. (Enter nature of injury Port 1 or Part II of Item 18.) 3 should cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH Not While FUNIRAL DIRECTOR: Poge and in my opinion death resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, of county) NAME (Type 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Dec. 2, 1967 Newport Charles Co. 24. FUNERAL DIRECTOR VR A 15ME ( 6M 1/67 Archart Funeral Home Inc., La Plata, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15297 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defore admission) the funera PLACE OF DEATH a. COUNTY b. COUNTY Charles Maryland Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Newburg (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Physicans Memotial Hospital NO A Middle 3. NAME OF First Last 4. DATE Day Year DECEASED DELLA ELIZABETH CHESLEY OF DEATH November 13, 67 (Type or print) 9. AGE (In years IF UNDER I YEAR XX NEVER MARRIED IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH birthday) Hours Female Negro April 5,1900 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work dane during most of working life ower if retired) Athone Charles County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then burial, cremation, ar remaya Bertha Donelly John Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknawn) (If yes give war ar dates af service) Rufus M. Chesley-Husband-Newburg.Md. Unkown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ar ottending physician DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the Health prior ta OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) **Not While** at work 3 , 195 / that (1) (we) last 21. Lectify that (1) (this hospital) ottended the deceased from. 1961, to , and that death occurred at CIS M, from couses and on the date stated above saw the deceased alive lon\_ 22d. SIGNATURE 22b. DATE MED. V ATTENDING M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 23b. DATE THEREOF 11/16/1967 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) (County) BENGY4 (安全ify) Holy Ghost Cemetery Issue Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Arehart Funeral Home, Inc .- La Plata, Md. DATE NOV

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Char es County

b. CITY OR TOWN (if outside corporate limits,
write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Wicomico, Maryland La Plata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Physicians Momorial Hospital VES. NO within etely 3. NAME DE First AlhhilM Last DATE Year DECEASED event. DEATH November (Type or print) John Wesley Plater 19 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH NEVER MARRIED [ AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) hale Negro WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) The law requires that the death certificate be Self employed Charles County Md. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Plater James Henry Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Fornie Plater Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEY AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate the i DUE TO cause (a), stating the as th prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY 19. for use Health certificate PERFORMED? hospital or YES NO [ PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. While - Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE/ DATE SIGNED director, page should be filed STAFF M.D. DIRECTOR Page 4 may PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREM \TIDN, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Sp. cify) --6 St. Mar y's Ch. Purial 12-2 Newport. Chas. Co. Md. Cem. 24. FUNERAL DIRLCTOR 25b. REGISTRAR'S SIGNATURE Martell Adams VR AI5 (4) Aquasco, Maryland 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admiss on) PLACE OF DEATH Maryland Charles County a COUNTY LaPlata Md, Charles CountAPYLAND Ö c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town) b CITY OR TOWN (If autside carparate limits, and aPlata Md Nandemov -Md. DOA e IS RESIDENCE Dep d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS ON A FARMS Physicians Memorial HospllaPlata Mi har NO Item 18. Give Pages 24 haurs after death Office alang with 11-25-67 3 NAME OF Middle Last 4 DATE within 72 Kenneth Frances DECEASED OF Queen (Type or print) 19 DEATH S SEX 6 COLOR OR RACE NEVER MARR ED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BRITE 7. MARRIED Male last birthday) N. WIDOWED D YORCED 5-18-68 event 18-Mthe 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RIHPLACE (State or fore gn country) 12 CT ZEN OF WHAT COUNTRY? during most of working life, even if retired)
None INDUSTRY Washington-D.C any pages in any None 14 MDTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within Francis Benard Queen Marion Dent and 16 SOCIAL SECUR TY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Katie Dent -Grand Mother Nanjemov Md he certificate, writing the word "pending" is shauld be forwarded to the Chief Medical ar removal, (Yes, pe or unknown) (If yes give war ar dates of service) None 1B. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c)) NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY. 24-Hrs Pneumonia Broncho. IMMEDIATE CAUSE (a). crematian, DHE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse OS burial, ( PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS'
PERFORMED? MEDICAL CERTIFICATION YES NO please execute the certificate, designated agent, priar to 20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 1B) CAUSE OF DEATH 20c TIME OF INJRY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) of work Of wart Haur a m. factory, street, office bldg., etc.) may be retained for your FINERAL DIRECTOR: Page for your 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x, Inquiry x and in my apinion funeral director. deoth resulted from. Natural caeses of x Accident Undetermined manner Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 115 ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNE. 11-25-67 DEPUTY MEDICAL EXAMINER TI James E. Andrews Address (Street, city, town, or county Indian Head Md 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) CREMAT ON 23b DATE THEREOF (County) (State) 11/27/1967 Nanjemoy R购的外4年991 Mt. Hope Cemetery Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE VR A15ME (8) Funeral Home, Inc. -La Plata, Md. NOV 29 Ocharles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15303 15307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) a. COUNTY o. STATE Maryland **b** COUNTY 900 0 Charles MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b (TY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 16 thdish/ Head La Plata
d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) Waldorf d STREET ADDRESS e IS RESIDENC ON A FARM? Physicians Memorial Hospital Pages YES NOW tem 18. Give Page Office olong with This certificate should be executed within 24 hours ofter death 3 NAME OF Middle First Lost 4 DATE Day Year DECEASED OII DEATH 23, November RENNER 67 EVELYN Alice (Type or print) IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED X 8 DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Hours Female White WIDOWED DIVORCED Oct. 1, 1944 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT during most of warking life even if retired) COUNTRY? pencil In 1 Charles County Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Brooks Doris Clements IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give wor or dates of service) Doris Brooks, Waldorf, Md No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) burrol-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (a) DUE TO ony Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO D 20g EXTERNAL CAUSE WAS PRIMARY 20 OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nours in Part or Part I of item 18) 3 should CAUSE OF DEATH Passenger in car - involved in auto accident 20e PLACE OF INJURY (Hame, farm, (City or fawn) 20c. TIME OF NURY Manth, Day, Year (State) foctory street, affice bldg , etc.) FUNERAL DIRECTOR: Page UNK pm 11/23 Charles, Md. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on X. Inquiry and in my opinian Natural causes Accident X. Suicide the funeral director. death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER K SIGNATURE Heolth prior 11/24/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Spitz Werner U. NAME (Type) Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT ON, 23b DATE THEREOF 23d LOCATION (City or Town) 50 2 Burial Specify) Waldorf Charles Co., Md.

BY REGISTRAR 250 REGISTRAR'S SIGNATURE Nov. 27, 1967 St. Peters 25a REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME & Munico 6M 1767 Arehart Funeral Home Inc., La Plata, Md.



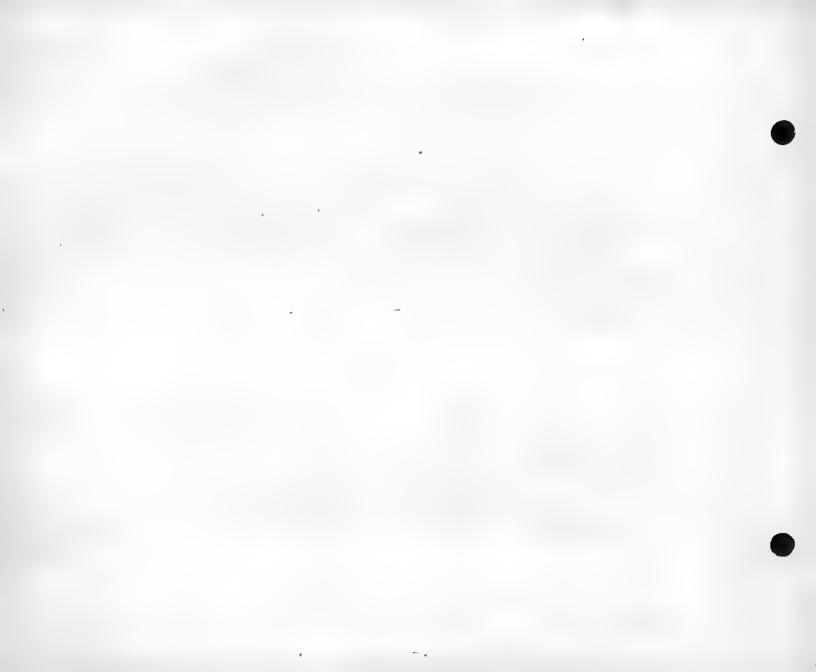
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15368 FOR STATE HEALTH DEP 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) o COUNTY o STATE h county MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( Fourside corporate limits r LENGTH OF STAY IN 16 write RURA, and/g ve nearest town) e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO E 3 NAME OF 4 DATE Month DECEASED. (Type or print) OF DEATH Office olong IF UNDER I YEAR 9 AGE (In years 6 COLOR OR RACE NEVER MARRIED DATE OF BRID / lost birthdov) Months in ony event within 72 hours ofter death. WIDOWED DIVORCED 10b KIND-OF BUS NESS OR 10c JSUAL OCCUPATION (Give kind of work done 11 B RTHPLASE (State or foreign country) 12 CT ZEN OF WHAT dut ng most of work ngd te, even if retired) INDUSTRY ward "pending" in penal in the Chief Medical Exominers 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o) (b) and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AL TOPS) PERFORMED? removol, PART OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 2 11 6 NO L4 pe 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port Lor Port Lof Item 18 -3 should PRIMARY Lator CONTRIBUTING [ CAUSE OF DEATH MEDICAL 2De PLACE OF NJURY (Home form 20f (City or town 2Dc. TIME OF INJURY Month Day, Year 2Dd INJURY OCCURRED Not While loftary/street, office bldg etc 1 otwork otwark 21. I certify that I taok charge at the remains described above held an Autapsy Inspection [ палигу and in my apinian death resulted fram: ) Natural causes ... Accident ... Suicide . Hamicide Undetermined manner the funeral a rector CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED TO FUNE. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street city town, or county) 230 P R AL CREMATION (State) FUNERAL DIRECTOR VR A15ME (5) 6M 1 67



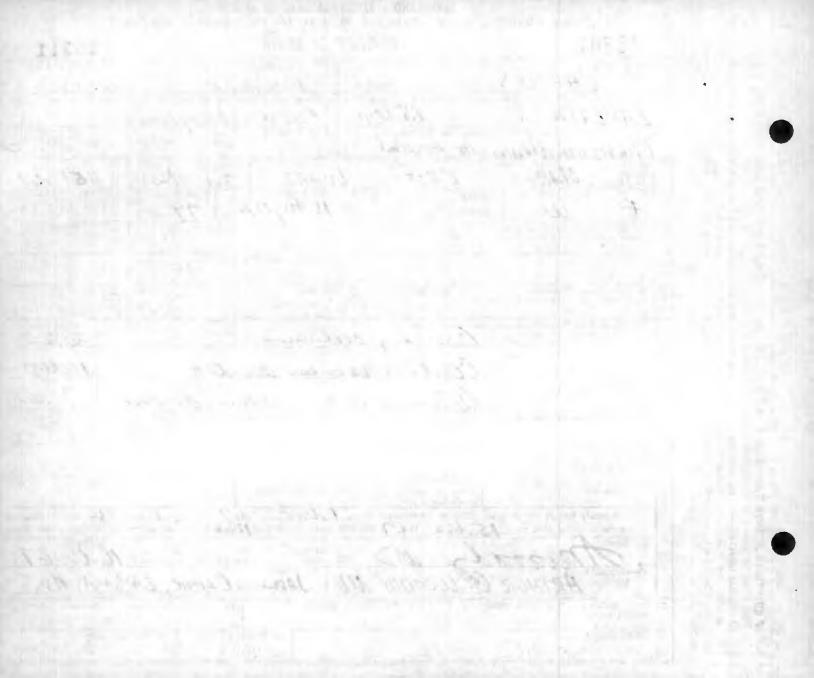


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 133 1 () 15206 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Charles b. COUNTY Charles Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

La Plata ¿ LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Issue d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicans Memorial Hospita. NO A 3 NAME OF DECEASED (Type or print) Middie tast DATE Day Year OF DEATH SMOTHERS JAMES November S. SEX 9 AGE IIn years IF UNDER I YEAR 6 COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF BIRTH ( birthday) July 16. Male Negro WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Restaurant COUNTRY?A. Newport Maryland 14 MOTHER'S MAJOEN NAME 13. FATHER'S NAME Young Marym Henry Smothers 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 220-09-2911 Marie S. Banks-Sister-Baltimore, Md INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (4), (b), and (c).)al-transit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: signed by t bur al-trans IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO PA ă 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Not While factory, street, office blda., etc.) at work 7, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from M, fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22a SIGNALURE 226. DATE SIGNED 11/26/1967 ATTENDING DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (Stote) 11/26/1967 Holy Ghost Cemetery Issue Maryland 25b. REGISTRAR S SIGNATURI 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1961 Arehart Funeral Home, Inc .- La Plata, Md. 20 M 1/68



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #4 Film CERTIFICATE OF DEATH by the funeral Pages 1 and puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND low requires that the deoth certificate be executed within 24 hours ofter c. LENGTH OF STAY IN 1b c. CITY OR TOWN (of outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, and give negrest town) ers. Pag 72 hours e. IS RESIDENCE ON A FARM? completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO in L derbon and NAME OF First Middle 4. DATE Month Doy Year Lost DECEASED OF 1960 (Type or print) DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** pleose remove birthdoy) Months Doys Hours X and in any WIDOWED DIVORCED physician and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? OSTA 13\_ FATHER'S NAME 14. MOTHER'S MAIDEN NAMI remayol, the ottending phys WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 0 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physician. DUE TO buriol Conditions, if any, which gove rise to immediate couse (a) DUE TO stoting the underlying couse far use as the I be retained by the hospitol or ottending this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. CERTIFICATION NO YES 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port ! or Port !! of item 18.) OR CONTRIBUTING CAUSE OF DEATH o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While of work at work TO FUNERAL DIRECTOR: After should be 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 12/014 M, from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE M.D. PHYS DIRECTOR PHYS. filed be filed **ADDRESS** PHYSICIAN'S 22d. ADWOOD NAME (Type) director, should be BURIAL, CRESTION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b. DATE THEREOF 23d. (County) (Stote) 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 2Sb. FUNERAL DIRECTOR VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5308
CERTIFICATE OF DEATH

15308 CERTIFICAT	E OF DEATH 15312				
1. PLACE OF DEATH a. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Charles				
b. CITY OR TOWN (If outside corporate limits,  Latte Blad and give nearest town)  C. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  La Plata (Rural)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
Physicans Memorial Hospital	DN A FARMALY YES NOT				
3. NAME OF First Middle OF GECEASED (Type or print) MARY AUDREY WHEE	Last 4. DATE Month Day Year OF DEATH November 8. 19 67				
5. SEX Female  6. COLOR OR BACE 7. MARRIED NEVER MARRIED X  Negro WIDOWED DIVORCED	8. DATE OF BIRTH September 15, 1926 (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	Newburg, Maryland 12. CITIZEN OF WHAT COUNTRY? COUNTRY?				
Frank M. Wheeler	Martha M. Smallwood				
(Van en en trebane) 1/16 van elvenum en datus et austica)	ank M. Wheeler-Father-La Plata, Md.				
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  RELIANT	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	polo Nephertis 2 months				
Underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBUTING TO THE CO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO RRED. (Enter nature of injury in Part I or Part II of Item 18.)				
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from 226. SIGNATURE  M.D  228. PHYSICIAN'S NAME (Type)  238. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY	22d. ADDRESS PAA, M.				
REMOVA GREEN   11/11/1967 Holy Ghost	t Cemetery Issue , Maryland				
24. FUNERAL DIRECTOR ADDRESS  Arehart Funeral Home IncLa Plata	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE  2. Md. DATE NOV 1 5 1967 Miles Judge				
WI SHOT C - WISTOT HOME THE THE I TO C	A 43 AA 0 1 DATE INCOME.				

VR AI5 (4) 20M 1/65

Hart Street Later and Landon and Marco De Valva A Ser, a second rest onesis alous made to the state of the state of VIELESSION AND MEGTIC A STATE OF THE PARTY OF THE PAR position of eliminate this body . - See to BUTTANT TOTAL TOTAL CONTROL CONTROL OF THE PARTY OF THE P are there benefits distributed and all latter on a fill the execution